



NEIL ABERCROMBIE
GOVERNOR

RICHARD C. LIM
DIRECTOR

DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

No. 1 Capitol District Building, 250 South Hotel Street, 5th Floor, Honolulu, Hawaii 96813
Mailing Address: P.O. Box 2359, Honolulu, Hawaii 96804
Web site: www.hawaii.gov/dbedt

Telephone: (808) 586-2355
Fax: (808) 586-2377

HAWAII ENTERPRISE ZONES (EZ) PARTNERSHIP

INITIAL APPLICATION FOR BUSINESSES

A business interested in participating in the Hawaii EZ Program first must complete this initial application (form EZ1). Your eligibility for EZ tax and other benefits will begin when this application is approved. However, approval of this application does not guarantee that your business will qualify for EZ benefits each year. At the end of each tax year, a report form will be provided to you for submission of the information necessary to determine if your business has satisfied the annual gross receipts and hiring requirements. The information you provide is considered proprietary and confidential in the same way that your tax returns are confidential.

This application has three parts:

- I. Background Data**
- II. Tax and Employment Information**
- III. Declaration**

Section I, Background Data, will be used to verify that your business is eligible for EZ benefits and that your business is actually located in an EZ. This information will also be used to monitor the types of businesses that participate in the EZ program so the overall value of the program can be measured.

Section II, Tax and Employment Information, will be used to verify the value of the state tax benefits you claim and the number of employees you report. This information will also be used to monitor the financial impact of the EZ incentives on both the tax liability of participating businesses as well as on state tax revenues (relative to the number of persons hired and the unemployment rate in each EZ) in order to determine the cost-effectiveness of the program.

Section III, Declaration, must be signed by a person authorized to act on behalf of the business. An authorized person would be a sole proprietor, a partner, or an officer of a corporation.

When completed, make a copy of the application for your own records and send or take the original to your County EZ coordinator at the address listed on the back of this page. After verifying that your business is or will be located in an Enterprise Zone, your County EZ Coordinator will forward your application to the State EZ Coordinator who will determine if your business is eligible to participate.

QUESTIONS? You can call the State Enterprise Zones Coordinator at (808) 587-2772, or the County Enterprise Zone Coordinators at the numbers listed on the following page.

HAWAII STATE AND COUNTY ENTERPRISE ZONES COORDINATORS CONTACT INFORMATION

State of Hawaii Department of Business, Economic Development & Tourism
P.O. Box 2359
Honolulu, Hawaii 96804

Wayne Thom
Phone: (808)587-2772 Fax: (808)586-2589
Email: wthom@dbedt.hawaii.gov

Marlene Hiraoka
Phone: (808)587-2758 Fax: (808)586-2589
Email: mhiraoka@dbedt.hawaii.gov

County of Hawaii Jane Horike
Department of Research and Development
County of Hawaii
101 Aupuni Street, #1014 C
Hilo, Hawaii 96720
Phone: (808) 961-8496 Fax: (808)935-1205
Email: jhorike@co.hawaii.hi.us

County of Kauai George Costa, Director
Office of Economic Development
County of Kauai
4444 Rice Street, Suite 200
Lihue, Hawaii 96766
Phone: (808)241-4949 Fax: (808)241-6399
Email: gcosta@kauai.gov

County of Maui Teena Rasmussen
Economic Development Coordinator
County of Maui
2200 Main Street, Suite 305
Wailuku-Maui, Hawaii 96793
Phone: (808)270-7710 Fax: (808)270-7995
Email: teena.rasmussen@co.maui.hi.us

City & County
of Honolulu Pablo Venenciano
Planner
Office of Special Projects
Department of Community Services
City & County of Honolulu
711 Kapiolani Blvd., Suite 1422
Honolulu, Hawaii 96813
Phone: (808)768-5861 Fax: (808)768-1251
Email: pvenenciano@honolulu.gov

I. BACKGROUND DATA

A. Application date _____

B. Business Name (used for tax purposes)

C. Type of Business (check one)

☐ C-Corporation

☐ S-Corporation

☐ Limited Liability Corporation (LLC)

☐ Partnership

☐ Sole Proprietorship

D. Date Business Was Established _____

E. Location Where Business Was Originally Established (town or city, state and/or country)

F. 1) Main Branch or Headquarters Address

2) Mailing Address (if different from above)

3) Enterprise Zone Establishment Address (if different from Main Branch or Headquarters) and Tax Map Key number

BACKGROUND DATA (continued)

G. Date Enterprise Zone Establishment Began Operations (if different from date business was established). _____

H. Contact Person: _____ Title: _____

Telephone: _____ Fax: _____

Email: _____

I. Trade or Business (activities at EZ establishment). Check one or more.

- | | |
|--|---|
| <input type="checkbox"/> Agricultural production or processing | <input type="checkbox"/> Medical research, clinical trials, and telemedicine |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> International business management training or environmental remediation technician training |
| <input type="checkbox"/> Wholesaling | <input type="checkbox"/> Biotechnology research, development, production or sales |
| <input type="checkbox"/> Aviation and /or Maritime repair and/or maintenance | <input type="checkbox"/> Repair or maintenance of assistive technology equipment used by disabled persons |
| <input type="checkbox"/> Telecommunication switching and delivery | <input type="checkbox"/> Certain types of call centers (bill collection, disease management, disaster management, product fulfillment, and/or customer support for computer hardware or software manufacturers) |
| <input type="checkbox"/> Information technology design and production | <input type="checkbox"/> Wind energy production |

J. Product(s) or Service(s) Provided by EZ Establishment

II. TAX AND EMPLOYMENT INFORMATION

NOTE: When providing the information requested below, leave "All Hawaii Operations" blank if your EZ establishment is your only operation in Hawaii. Also leave blank any questions that request information for a year during which your EZ establishment and/or other Hawaii operations did not exist.

- A. Fiscal/tax year start date Month _____ Day _____
- B. Annual gross revenues for most recent tax year ending _____ (Insert date)
EZ Establishment \$ _____ All Hawaii Operations \$ _____
- C. Hawaii General Excise Tax payment
EZ Establishment \$ _____ All Hawaii Operations \$ _____
- D. Most recent annual Unemployment Insurance premium payment
EZ Establishment \$ _____ All Hawaii Operations \$ _____
- E. Most Recent Annual Hawaii State Income Tax payment
EZ Establishment \$ _____ All Hawaii Operations \$ _____
- F. Income Taxes Paid to *Other* States (if any) in most recent tax years (NOTE: *This information is necessary only if you did not pay any Hawaii State Income Tax in most recent tax year.*)
20 ____ State(s) EZ Establishment \$ _____ All Hawaii Operations \$ _____
- G. Real Property Taxes Paid as Owner, Lessee, or Tenant on Property *located in the Enterprise Zone:*
- | | | |
|------------------|----------|----------|
| Most Recent Year | 20 _____ | \$ _____ |
| Previous Year | 20 _____ | \$ _____ |
| Previous Year | 20 _____ | \$ _____ |
- H. Average Monthly Payroll (three most recent tax years):
- | | | | |
|------------------|---------|---------------------------|--------------------------------|
| Most Recent Year | 20 ____ | EZ Establishment \$ _____ | All Hawaii Operations \$ _____ |
| Previous Year | 20 ____ | EZ Establishment \$ _____ | All Hawaii Operations \$ _____ |
| Previous Year | 20 ____ | EZ Establishment \$ _____ | All Hawaii Operations \$ _____ |
- I. Current Number of Full-Time Employees at EZ Establishment _____
- J. Participation in any County, State or Federal Government-funded Programs (check appropriate):
- ☐ Job Training _____
 - ☐ Business Loans
 - ☐ Other (Please specify) _____
 - ☐ None

III. DECLARATION

I, the undersigned representative of the business firm for which this Application is being submitted, declare that this Application has been examined by me and is, to the best of my knowledge, an accurate statement.

PRINT NAME OF APPLICANT: _____

Signature of Applicant: _____

Applicant's Title or Position: _____

Applicant's Taxpayer Identification
or Social Security Number: _____

COUNTY:
APPROVED _____ DISAPPROVED _____ DATE _____

DBEDT:
APPROVED _____ DISAPPROVED _____ DATE _____

QUESTIONS? You can call the State Enterprise Zones Coordinator at (808) 587-2772, or the County Enterprise Zone Coordinators at the numbers listed on Page 2 of this application form.